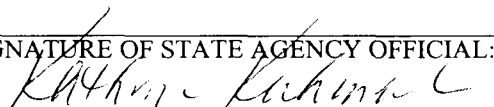
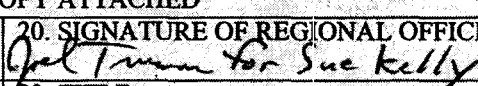


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 03-38	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE July 1, 2003	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Social Services Law, Section 367-a(1)(d)		7. FEDERAL BUDGET IMPACT: a. FFY 02-03 (\$15.6 million) b. FFY 03-04 (\$61.6 million)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.2-A, Page 2 Supplement 1 to Attachment 4.19-B, Pages 1, 2 & 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.2-A, Page 2 Supplement 1 to Attachment 4.19-B, Pages 1, 2 & 3	
10. SUBJECT OF AMENDMENT: Medicaid Payments for Medicare Coinsurance – Part B			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input checked="" type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: New York State Department of Health, Corning Tower, Empire State Plaza, Room 1466 Albany, New York 12237	
13. TYPED NAME: Kathryn Kuhmerker			
14. TITLE: Deputy Commissioner Department of Health			
15. DATE SUBMITTED: September 26, 2003			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: DEC 24 2003	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2003		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Sue Kelly		22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations	
23. REMARKS: <div style="text-align: right; font-family: cursive; font-size: 1.2em;"> New York (03-38) Approved: 12/24/03 Effective: 07/01/03 </div>			

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

ATTACHMENT 3.2-A
Page 2
OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New York

COORDINATION OF TITLE XIX WITH PART B OF TITLE XVIII

Dual eligibles (Medicaid (MA) and Medicare eligible) who are not Qualified Medicare Beneficiaries: The MA program will pay on behalf of MA recipients [who are not Qualified Medicare Beneficiaries] the full amount of any deductible and, where the Medicare paid amount is higher than the MA fee, 20 percent of the coinsurance costs incurred under Part B of Title XVIII of the Social Security Act, provided that such costs were incurred for care, services or supplies included in the MA Program. The full coinsurance amount for Part B dual eligibles will be paid for services provided by: ambulances; psychologists; Office of Mental Retardation and Developmental Disability, Office of Mental Health, and Office of Alcoholism and Substance Abuse Services certified clinics; and Department of Health certified outpatient facilities and clinics.

Qualified Medicare Beneficiaries: The MA Program will pay on behalf of Qualified Medicare Beneficiaries the full amount of any deductible and, where the Medicare paid amount is higher than the MA fee, 20 percent of the full amount of any coinsurance costs incurred under Part B of Title XVIII of the Social Security Act regardless of whether such costs were incurred for care, services or supplies otherwise included in the MA program, if such services could be covered in the MA program. The full coinsurance amount for Qualified Medicare Beneficiaries will be paid for Medicare Part B services provided by: ambulances; psychologists; Office of Mental Retardation and Developmental Disability, Office of Mental Health, and Office of Alcoholism and Substance Abuse Services certified clinics; and Department of Health certified outpatient facilities and clinics.

For both dual eligibles and Qualified Medicare Beneficiaries: Where the MA fee is equal to or higher than the Medicare paid amount for Medicare Part B services, the MA program will pay the full amount of any coinsurance costs (except that the MA program will pay up to the MA rate for Products of Ambulatory Care, clinics primarily serving the developmentally disabled, and for certain mental health comprehensive outpatient program services).

TN **03-38**

Approval Date DEC 24 2003

Supersedes TN **93-28** Effective Date JUL 01 2003

OFFICIAL

Revisions: HCFA-FH-914 (BPD)
AUGUST 1991

Supplement I to ATTACHMENT 4.19 B
Page 1
OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Territory: New York

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item A of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item A of this attachment, for those groups and payments listed below and designated with the letters "NR."
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item B of this attachment (see 3. above).

TN 03-38

Supersedes TN 91-75

Approval Date DEC 24 2003

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AUGUST 1991 Page 2
OMB No: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New York

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs	Part A <u>MR</u> Deductibles <u>MR</u> Coinsurance
	Part B <u>MR</u> Deductibles <u>[MR] NR</u> Coinsurance
Other Medicaid Recipients	Part A <u>MR</u> Deductibles <u>MR</u> Coinsurance
	Part B <u>MR</u> Deductibles <u>[MR] NR</u> Coinsurance
Dual Eligible (QMB Plus)	Part A <u>MR</u> Deductibles <u>MR</u> Coinsurance
	Part B <u>MR</u> Deductibles <u>[MR] NR</u> Coinsurance

TN **03-38**

Approval Date **DEC 24 2000**

Supersedes TN **93-28**

Effective Date **JUL 01 2003**

Revisions: HCFA FH-91-4 (BPD)
AUGUST 1991

Supplement 1 to ATTACHMENT 4.19-B
Page 3
OMB: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New York

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

A. Dual eligibles (Medicaid (MA) and Medicare eligible) who are not Qualified Medicare Beneficiaries: The MA Program will pay on behalf of MA recipients [who are not Qualified Medicare Beneficiaries] the full amount of any deductible [and coinsurance costs] incurred under Parts A and B and the full amount of any coinsurance incurred under Part A of Title XVIII of the Social Security Act provided that such costs were incurred for care, services or supplies included in the MA program. Where the Medicare paid amount is higher than the MA fee, the MA Program will pay on behalf of MA recipients 20 percent of the full amount of any coinsurance costs incurred under Part B of Title XVIII of the Social Security Act.

Qualified Medicare Beneficiaries [(QMB)]: The MA Program will pay on behalf of MA recipients who are eligible for MA only because they are Qualified Medicare Beneficiaries the full amount of any deductible [and coinsurance costs] incurred under Parts A and B and the full amount of any coinsurance incurred under Part A of Title XVIII of the Social Security Act regardless of whether such costs were incurred for care, services or supplies otherwise included in the MA program. Where the Medicare paid amount is higher than the MA fee, the MA Program will pay on behalf of Qualified Medicare Beneficiaries 20 percent of the full amount of any coinsurance costs incurred under Part B of Title XVIII of the Social Security Act regardless of whether such costs were incurred for care, services or supplies otherwise included in the MA program, if such services could be covered in the MA program.

For both dual eligibles and Qualified Medicare Beneficiaries: Where the MA fee is equal to or higher than the Medicare paid amount for Medicare Part B services, the MA program will pay the full amount of any coinsurance costs (except that the MA program will pay up to the MA rate for Products of Ambulatory Care, clinics primarily serving the developmentally disabled, and for certain mental health comprehensive outpatient program services).

B. The full amount of any coinsurance for dual eligibles and Qualified Medicare Beneficiaries will be paid for the following Medicare Part B services provided by: ambulances; psychologists; Office of Mental Retardation and Developmental Disability, Office of Mental Health, and Office of Alcoholism and Substance Abuse Services certified clinics; and Department of Health certified outpatient facilities and clinics.

TN 03-38

Approval Date DEC 24 2000

Supersedes TN 93-28 Effective Date JUL 01 2000

Fiscal Summary

The fiscal impact of this amendment for FFY 03 and FFY 04 was calculated based on analyzing historical Medicaid claims data that involved Medicare participation. The estimates factor in the enhanced federal participation rate of 52.95% through 6/30/04 and 50% for the period 7/1/04-9/30/04.